## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ica below or directed of	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by (	UE FEE and PUBLICAT orders and notification of a pecifying a new correst	ION FEE (if required) maintenance fees will be spondence address; and	Blocks I through 5 so mailed to the current //or (b) indicating a sep	should be completed when t correspondence address a arate "FEE ADDRESS" fo			
CURRENT CORRESPOND 26694 VENABLE LI	7590 01/30	lock I for any change of address)	Fee pap hav	(s) Transmittal. This colors. Each additional page its own certificate of n	rtificate cannot be used to be, such as an assignmentaling or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mus smission			
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				<del></del>	· · · · · · · · · · · · · · · · · · ·	(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	FORNEY DOCKET NO.	CONFIRMATION NO.			
09/254,864 FITLE OF INVENTION	03/15/1999 I: LINE CONCENTRAT	OR FOR TELEPHONE	SHINJI USUBA SET AND COMMUNICA	TION METHOD OF LA	AN	7686			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE			
noxprovisional	NO	\$1440	\$0	\$0	\$1440	04/30/2008			
EXAMINER ART UNIT		CLASS-SUBCLASS	]		•				
HYUN, SOON D		2663	370-352000		•				
. Change of correspondence address or indication of "Fee Address" (37 LFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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		ified below, no assignce bletion of this form is NO				ocument has been filed for			
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY		NTRY)	អ្វាំ -			
Oki Electr	ic Industry Co	Ltd.	Tokyo, Japan	a.		,			
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corpora	ation or other private gro	oup entity Government			
a. The following fcc(s) arc submitted:  Stressue Fec  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).						
	tus (from status indicated								
	s SMALL ENTITY state		b. Applicant is no long	ger claiming SMALL El	NTITY status. Sec 37 CI	FR 1.27(g)(2). ne assignce or other party in			
nterest as shown by the	records of the United Sta	tes Patent and Trademark	Office.	e applicant, a registere	auomey or agent; or th	e assignee or other party in			
Authorized Signature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	M/1		Date 4/29/2008-/5	15 AU 15 6 20 00 00 00 5 55	20261 09254864			
Typed or printed name	c deffri A. F	(aminski		01 FC:1501	1440.00 DA	4			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/ Fees pursuant to the Consolidated Approp			9/254,864-Conf. #7686									
FEE TRANS	Filing Date N		March 15, 1999									
	First Named Inventor SI		hinji Usuba									
For FY 20	Examiner Name S.		. D. Hyun									
Applicant claims small entity stat	Art Unit 26		616									
TOTAL AMOUNT OF PAYMENT (\$) 1,440.00		Attorney Docket No. 3:		2014-141676								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES											
FI			AMINA	ATION FEES								
Application Type Fee (\$	Small Entity ) Fee (\$) Fee (\$	Small Entity ) Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)						
Utility 310	155 510	255	210	105								
Design 210	105 100	50	30	65								
Plant 210	105 310	155	160	80								
Reissue 310	155 510	255	520	310								
Provisional 210	105 0	0	0	0								
2. EXCESS CLAIM FEES				•	<u>s</u>	mall Entity						
Fee Description					Fee (\$)	Fee (\$)						
Each claim over 20 (including Reiss		50	25									
Each independent claim over 3 (incl	uding Reissues)				210	105						
Multiple dependent claims					370	185						
Total Claims Extra Claims	<del></del>	Paid (\$)		Itiple Depender								
- 20 = HP = highest number of total claims paid for	x = ; if greater than 20.		<u>Fee</u>		ee Paid (\$)	_						
Indep. Claims Extra Claims	Fee (\$) Fee I	Paid (\$)										
-3 = x = HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S)		Fees Paid (\$)										
Non-English Specification, \$13 Other (e.g., late filing surcharge)		1,440.00										
SUBMITTED BY ( ) / / / '												
Signature	Telephone	(202) 344-4000										
Name (Print/Type) Jeffri A. Kaminsk	Date	April 28, 2008										